

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
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U.S. UTILITY Patent Application

PATENT DATE

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**O.I.P.E.**

SCANNED

**Q.A**

2

## APPLICANTS

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**TITLE**

Method and system for use in treating a patient with an anticoagulant to optimize therapy and prevent an adverse drug response

PTO-2040  
12/89

**ISSUING CLASSIFICATION**

| ORIGINAL                     |          | CROSS REFERENCE(S) |                                   |  |  |  |  |
|------------------------------|----------|--------------------|-----------------------------------|--|--|--|--|
| CLASS                        | SUBCLASS | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |          |                    |                                   |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b><br><div> <div>Sheets Drwg.</div> <div>Figs. Drwg.</div> <div>Print Fig.</div> </div> |  | <b>CLAIMS ALLOWED</b>             |                      |
|   |  |  | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | <div> <div>_____ (Assistant Examiner)</div> <div>_____ (Date)</div> </div>                           |  | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
|   |  |  |                                   |                      |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br><div>_____</div> <div>_____</div>  | <div> <div>_____ (Primary Examiner)</div> <div>_____ (Date)</div> </div>                             |  | <b>ISSUE FEE</b>                  |                      |
|   |  |  | Amount Due                        | Date Paid            |
| <input type="checkbox"/> The terminal ____months of this patent have been disclaimed.   | <div> <div>_____ (Legal Instruments Examiner)</div> <div>_____ (Date)</div> </div>                   |  | <b>ISSUE BATCH NUMBER</b>         |                      |
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